AO239 (4/13) N.D.OHIO

United States District Court

NORTHERN DISTRICT OF OHIO

FILED

2017 APR 10 PM 4: 10

Sydney Vegoda, Plaintiff

v. Youngstown State University Student Government Association Elections Board, et al., Defendant(s)

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

CASE NUMBER: JUDGE LIOI

JUDGE:

MAG. JUDGE LIMBERT

I, Sydney Vegoda, swear or affirm under penalty of perjury that I am the (check appropriate box)

[X] petitioner/plaintiff/movant [ ] other

in the above-named proceeding, that I am unable to pay the costs of these proceedings, and that I believe I am entitled to the relief sought in the complaint/petition/motion. I further swear or affirm under penalty of perjury under United States laws that my answers on this form and any attachments are true and correct.

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0", "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name and the question number.

NOTE: You should be prepared to provide the Court with copies of documents that support or verify all of your answers to the questions in this application. A PRISONER seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional office showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, attach one certified statement of each account. (Prisoner Financial Application available at http://www.ohnd.uscourts.gov/home/pro-se-information/)

Signed: [signature] Date: 4/10/17

Print your Name: Sydney Vegoda

1. State the address of your legal residence. (If incarcerated, state the place of incarceration and prisoner ID number.)

711 W Mt View Rd, Acme PA 15610

Your daytime phone number: 724-989-4447

2. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate. Use gross amounts, that is the amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	$ 0	$	$ 400.00	$
Self-employment	$ X	$	$	$
Income from real property (such as rental income)	$ X	$	$	$
Interest and dividends	$ X	$	$	$
Gifts or inheritance	$ X	$	$	$
Alimony	$ X	$	$	$
Child support	$ X	$	$	$
Retirement (such as social security, pensions, annuities, insurance)	$ X	$	$	$

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Disability (such as Social Security, insurance payments)	$ 0	$	$	$
Unemployment benefits	$ 0	$	$	$
Public assistance (such as welfare)	$ 0	$	$	$
Other (specify) Student loans	$ 8,500.00	$	$	$
Total Monthly Income	$0	$0	$0	$0

3. Are you currently employed? ☐ Yes ☒ No   Is your spouse currently employed? ☐ Yes ☐ No

If incarcerated: Are you currently employed by jail/prison/correctional facility? ☐ Yes ☒ No

Do you receive payment from the jail/prison/correctional facility? ☐ Yes ☒ No

4. List your employment history, current or, if you are not currently employed, most recent employer first. (Gross monthly pay is calculated before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
Life's A Beach USA	166 Three Mill Hill	Seasonal/Summer	$ 800 (3 mos.)
	Mt. Pleasant, PA		$
	15666		$

5. List your spouse's employment history, current or, if your spouse is not currently employed, most recent employer first. (Gross monthly pay is calculated before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
			$
			$
			$

6. How much cash do you and your spouse have? $ 500.00

Below, state any money you or your spouse have in checking or savings accounts or in any other financial institution. If incarcerated, also include your prisoner accounts.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
		$	$
		$	$
		$	$

7. List the assets, and their values, that you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Asset	Description	Value
a. Home 0		$
b. Real Estate 0		$
c. Motor Vehicle $ 12,000	Make and Year: Hyundai Model: Accent Registration #: NX-8466	$ $12,000
d. Motor Vehicle	Make and Year: Model: Registration #:	$
e. Other Assets (for example, stocks, bonds, securities or other financial instruments) Ø		$
f. Other Assets		$

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8. State every person, business or organization owing you or your spouse money, and the amount owed.

Who owes you or your spouse money?	Amount owed to you	Amount owed to your spouse
a. n/a	$	$
b.	$	$
c.	$	$
d.	$	$

9. State the persons who rely on you or your spouse for support.

Name (Initials Only for Minor Children)	Relationship	Age	Amount Contributed Monthly for His/Her Support
a. n/a			$
b.			$
c.			$
d.			$

10. Estimate your average monthly expenses. Show separately the amounts paid by your spouse. Adjust any amount that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Expense	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home) Are real estate taxes included? ☒ Yes ☐ No Is property insurance included? ☐ Yes ☒ No	$ 515.00	$
Utilities (electricity, heating fuel, water, sewer, telephone)	$ 200.00	$
Home maintenance (repairs and upkeep)	$	$
Food	$ 150.00	$
Clothing	$ 0	$
Laundry and dry cleaning	$ $30.00	$
Medical and dental expenses	$ 0	$
Transportation (not including motor vehicle payments)	$ 0	$
Recreation, entertainment, newspapers, magazines, etc.	$ 0	$
Total Monthly Insurance (not deducted from wages or included in mortgage payments)	$ 0	$ 0
Homeowner's or renters:	$	$
Life:	$	$
Health:	$	$
Motor Vehicle:	$ 150.00	$
Other:	$	$
Taxes (not deducted from wages or included in mortgage payments) (specify): ____	$ 0	$

____________		
Installment payments Motor Vehicle: Credit Card(s) (name): Visa Capital One Chase Department Store(s) (name): ____________ ____________ Other: ____________	$ 182.00 $ 50.00 50.00 $ 0 $ 0	$ $ $ $
Alimony, maintenance, and support paid to others	$ 0	$
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	$ 0	$
Other (specify):	$ 0	$
TOTAL MONTHLY EXPENSES:	$0 0	$0

11. Do you expect any major changes to your or your spouse's monthly income or expenses, or in your or your spouse's assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

12. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? $ ____________

If yes, state the attorney's name, address and telephone number:

____

____

13. Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or typist) any money for services with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? $ ____________

If yes, state the person's name, address and telephone number:

____

____

14. Provide any other information that will help explain why you cannot, or cannot without undue hardship, pay the fees or costs for this case.